

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		7/11/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		7/2/01	8-28-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

**BEST AVAILABLE COPY**

Claim	Final	Original	Date
1	✓	✓	8/5/00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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10	✓	✓	
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42	✓	✓	
43	✓	✓	
44	✓	✓	
45	N	N	
46	N	N	
47	N	N	
48	N	N	
49	N	N	
50	N	N	

Claim	Final	Original	Date
51	N	N	
52	N	N	
53	N	N	
54	N	N	
55	N	N	
56	N	N	
57	N	N	
58	N	N	
59	N	N	
60	N	N	
61	N	N	
62	N	N	
63	N	N	
64	N	N	
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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